

APPLICATION FOR \_\_\_\_\_

**JOB**

**Address:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Permit No.** \_\_\_\_\_  
**Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Owner Address:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Contractor's Registration No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone** \_\_\_\_\_

To the Director of the Department of Community Development – Building Inspection: The undersigned hereby applies for a permit to do work herein described. The undersigned agrees that such work will be done in compliance with the building ordinance, zoning ordinance, zoning ordinance, health ordinance, and all other ordinances of the City of Waukesha and with all laws and orders of the State of Wisconsin, applicable to said premises.

**DOUBLE FEES SHALL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.**

	Qty	Subtotal
AWNINGS, new or recovered .....\$105.00		
STOCKPILING or COMMERCIAL REMOVAL OF SOIL (Only applies in Residential Districts).....\$100.00		
MOVING OF BUILDINGS Principal or Accessory .....\$225.00 plus \$0 .10 per Sq. Ft. Plan Commission Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Public Works Approval/Routing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BEEKEEPING:.....\$55.00 Address of colony/hives if different than beekeepers_____ Number of Hives: ..... <input type="checkbox"/> Proof of completion of beekeeping course.... <input type="checkbox"/> Drawing showing location of Hives on Property ..... <input type="checkbox"/> Are you using flyway barriers? If yes show location on map <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Estimated Cost of Project:</b>		
<b>Total Fees:</b>		

**Print Applicant's Name** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_  
If Applicant is not the Contractor or Owner, please provide applicant's address and phone number.

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Office Use Only

**Staff Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**DOUBLE FEES SHALL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.**

This permit is in effect for 18 months from date of issue unless work is not started within 120 days of issue date, or activity ceases for more than 120 days, after which this permit shall lapse